



**To: Prospective Applicants for the Automotive Dealership,
Paint & Body Shop, Automotive Repair Facilities,
Motorcycle Dealership and Recreational Vehicle
Dealership General Permit**

Attached is an **Automotive Dealership, Paint & Body Shop, Automotive Repair Facility, Motorcycle Dealership and Recreational Vehicle Dealership General Permit Notice of Intent (NOI) ARB-G** for a Louisiana Pollutant Discharge Elimination System (LPDES) permit, authorized under EPA's delegated NPDES program under the Clean Water Act. To be considered complete, every item on the form must be addressed and the last page signed by an authorized company agent. If an item does not apply, please enter "NA" (for not applicable) to show that the question was considered.

Three copies (one original and two copies) of your completed NOI, each with a marked U.S.G.S. Quadrangle map or equivalent attached, should be submitted to:

Department of Environmental Quality
Office of Environmental Services
Post Office Box 4313
Baton Rouge, LA 70821-4313
Attention: Permits Division

Unless notified otherwise by the Secretary of his designee, owners/operators are authorized to discharge wastewater and/or stormwater under the terms and conditions of the permit upon the receipt of a hand-delivered, properly completed NOI to the Office of Environmental Services, Permits Division or 48 hours after the postmarked date stamped on the envelope that contains the properly completed NOI. The permittee is required to keep a copy of the NOI submitted to the Permits Division at the permitted facility. It should be kept with other records related to the permit and permit compliance.

According to L. R. S. 48:385, any discharge to a state highway ditch, cross ditch, or right-of-way shall require approval from:

Louisiana DOTD
Office of Highways
Post Office Box 94245
Baton Rouge, LA 70804-9245
(225) 379-1301

AND

Louisiana DHH
Office of Public Health
6867 Bluebonnet Road, Box 7
Baton Rouge, LA 70810
(225) 765-5044

In addition, the plans and specifications for sanitary treatment plants must be approved by the Louisiana DHH, Office of Public Health at the address above.

For additional clarification concerning application requirements, please refer to LAC 33:IX Chapters 25 and 65. A copy of the LPDES regulations may be obtained from the Department's website at <http://www.deq.state.la.us/planning/regs/index.htm> or by contacting the Office of Environmental Assessment, Regulations Development Section, Post Office Box 4314, Baton Rouge, Louisiana 70821-4314, phone (225) 219-3550.

For help or questions regarding completion of this NOI please contact DEQ, Small Business Assistance at 1-800-259-2890.

Date _____
Agency Interest No. AI _____
LWDPS Permit No. WP _____
NPDES/LPDES Permit No. LA _____

Please check: ☐ Initial Permit
☐ Permit Renewal
☐ Existing Facility

STATE OF LOUISIANA
DEPARTMENT OF ENVIRONMENTAL QUALITY
Office of Environmental Services, Permits Division
Post Office Box 4313
Baton Rouge, La 70821-4313
PHONE#: (225) 219-3181

**LPDES NOTICE OF INTENT TO DISCHARGE WASTEWATER
FROM AUTOMOTIVE DEALERSHIPS, PAINT AND BODY SHOPS, AUTOMOTIVE
REPAIR FACILITIES, MOTORCYCLE DEALERSHIPS, AND RECREATIONAL
VEHICLE DEALERSHIPS**

(Attach additional pages if necessary.)

SECTION I - FACILITY INFORMATION

A. Permit is to be issued to the following: (must have operational control over the facility operations - see LAC 33:IX.2501.B and LAC 33:IX.2503.A and B).

1. Legal Name of Applicant/Owner

(Company, Partnership, Corporation, etc.) _____

Facility Name _____

Mailing Address _____

Zip Code: _____

If applicant named above is not also the owner, state owner name, phone # and address.

Please check status:

☐ Federal

☐ Parish

☐ Municipal

☐ State

☐ Public

☐ Private

☐ Other: _____

2. Location of facility. Please provide a specific street, road, highway, interstate, and/or River Mile/Bank location of the facility for which the NOI is being submitted.

City _____ Parish _____

Front Gate Coordinates:

Latitude- ____ deg. ____ min. ____ sec. Longitude- ____ deg. ____ min. ____ sec.

Method of Coordinate Determination: _____

(Quad Map, Previous Permit, website, GPS)

Is the facility located on Indian Lands?

☐ Yes

☐ No

SECTION I - FACILITY INFORMATION (cont.)

3. Name & Title of
Contact Person at Facility _____
Phone _____ Fax _____ e-mail _____

B. Name and address of responsible representative who completed the NOI:

Name & Title _____
Company _____
Phone _____ Fax _____ e-mail _____
Address _____

C. Discharges Requiring Approval from the Division of Historic Preservation:

If this NOI is being completed for a facility that has not yet been constructed, you should contact the *Louisiana State Historic Preservation Officer, Division of Historic Preservation, Office of Cultural Development (P. O. Box 44247, Baton Rouge, LA 70404 or telephone (225) 342-8170)* to determine if construction activities or the proposed discharges will adversely affect properties listed or eligible for listing in the National Register of Historic Places

- ☐ This is an existing facility and no construction activities related to this NOI are proposed.
☐ This is a proposed facility and construction activities are not yet complete but I have obtained approval from the State Historic Preservation Officer for the proposed construction activities. (You must keep a copy of the approval letter on file with your facility's permit records and compliance records.)

NOTE: If you have proposed construction and have not obtained the necessary approval from the Section 106 Review Coordinator for proposed construction activities at this site, then you are NOT ELIGIBLE for automatic coverage under this general permit. LPDES permit coverage cannot be obtained UNTIL you obtain written approval from the State Historic Preservation Officer for construction activities at the proposed site.

D. Facility Type (check all that apply):

- ☐ Automotive Dealership (SIC 5511 and 5521)
☐ Dealerships that sell tractor-trailer rigs
☐ Paint and body shop (SIC 7532)
☐ Motorcycle Dealership (SIC 5571)
☐ Recreational Vehicle Dealership (SIC 5561)
☐ Automotive Repair and Maintenance Shop
☐ Automotive Exhaust System Repair Shop (7533)
☐ Automotive Transmission Repair Shop (7537)
☐ General Automotive Repair Shop (7538)
☐ Other: _____ SIC: _____

SECTION II – DISCHARGE INFORMATION

A. Miscellaneous Discharges

Are there any discharges of hydrostatic test wastewaters, once-through non-contact cooling water, cooling tower blowdown wastewater, etc... to waters of the state?

☐ Yes

☐ No

If you answered YES, you are not eligible for coverage under General Permit LAG470000. Please contact the Permits Division at (225) 219-3181 to determine appropriate permit coverage.

B. Sanitary Wastewater

Does this facility discharge sanitary wastewater to waters of the state? ☐ Yes ☐ No

If YES, the total daily average flow in gallons per day (gpd) from the sanitary wastewater treatment system must be less than 5,000 gpd in order to be eligible for coverage under General Permit LAG470000.

C. Discharge Information

An Outfall is the point at which wastewater is monitored prior to mixing with other waters. An outfall can be identified either at the point that effluent discharges by pipe from a treatment plant or treatment system or the point at which effluent discharges into a roadside ditch, into a storm drain, or directly into a receiving water body such as a creek, coulee, bayou, canal or river. An internal outfall is an outfall for a waste stream that combines with other waste stream(s) before discharging into an external outfall. You should read Part I.B of the permit before completing this section of the NOI. You should place an "X" in the column next to any of the outfall numbers for all types of discharges that occur at your facility. The outfall numbers listed below correspond to the outfall numbers listed in the permit, which are the only types of discharges that are permissible under the general permit. If more than one outfall of a particular type occurs at a facility, then each separate outfall point should be clearly identified as Outfall 001A, 001B, 001C, or 002A, 002B, 002C, etc.

Facility Discharge ¹	Outfall No ²	Outfall Description	Outfall Location ³ (complete this column for each outfall that occurs at your facility)	Treatment ⁴
<input type="checkbox"/>	001	Treated Washrack Wastewater		
<input type="checkbox"/>	001A	Treated Washrack Wastewater		
<input type="checkbox"/>	001B	Treated Washrack Wastewater		
<input type="checkbox"/>	002	Maintenance and Shop floor Washwater		
<input type="checkbox"/>	002A	Maintenance and Shop floor Washwater		

Facility Discharge ¹	Outfall No ²	Outfall Description	Outfall Location ³ (complete this column for each outfall that occurs at your facility)	Treatment ⁴
<input type="checkbox"/>	002B	Maintenance and Shop floor Washwater		
<input type="checkbox"/>	003	Paint Booth Washdown and Wet Sanding Wastewater		
<input type="checkbox"/>	003A	Paint Booth Washdown and Wet Sanding Wastewater		
<input type="checkbox"/>	003B	Paint Booth Washdown and Wet Sanding Wastewater		
<input type="checkbox"/>	004	Potentially Contaminated Stormwater ⁵		
<input type="checkbox"/>	004A	Potentially Contaminated Stormwater ⁵		
<input type="checkbox"/>	004B	Potentially Contaminated Stormwater ⁵		
<input type="checkbox"/>	005	Treated Sanitary Wastewater (less than 5,000 gpd)		
<input type="checkbox"/>	005A	Treated Sanitary Wastewater (less than 5,000 gpd)		
<input type="checkbox"/>	005B	Treated Sanitary Wastewater (less than 5,000 gpd)		

Facility Discharge ¹	Outfall No ²	Outfall Description	Outfall Location ³ (complete this column for each outfall that occurs at your facility)	Treatment ⁴
<input type="checkbox"/>	006	Commingled Washrack and Sanitary Wastewater		
<input type="checkbox"/>	006A	Commingled Washrack and Sanitary Wastewater		
<input type="checkbox"/>	006B	Commingled Washrack and Sanitary Wastewater		
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

¹Place an "X" in the appropriate box(es) in this column for all outfalls that will occur at the permitted site.

²Outfall 001, 002, 003, 004, and/or 005 should be used if you have only one outfall of this type of wastewater and/or storm water. Outfall 001A, 001B, 002A, 002B, etc., should be used in instances where you have more than one outfall of that type of wastewater and/or storm water. If you have three or more outfalls of any listed wastewater and/or storm water you should write in the appropriate Outfall No. (Outfall 001C, 001D, 002C, 002D, etc.) in one of the blank columns and fill in the outfall location for that discharge.

³This should be the point at which a sample of the discharge will be collected. Examples of outfall locations could be (but are not limited to): at the point of discharge from the settling basin located at the northeast corner of the facility; at the point of discharge from the washrack; at the southwest corner of the facility; or at the point of discharge from the STP located near the office building.

⁴List any treatment that is utilized prior to discharge. Write "None" if wastewater is not treated prior to discharge.

⁵Most facilities applying for coverage under this general permit operate under a SIC code that does not require stormwater coverage according to current regulations. Unless specifically notified otherwise by LDEQ, applicants should not apply for coverage of stormwater discharges from their facility.

SECTION II – DISCHARGE INFORMATION (cont.)

D. Receiving Waters

Indicate how the wastewater reaches state waters (named water bodies). This will usually be either *directly*, by *open ditch* (if it is a highway ditch, indicate the highway), or by *pipe*. Please specifically name all of the minor water bodies that your wastewater will travel through on the way to a major water body. This information can be obtained from U.S.G.S. Quadrangle Maps. Include river mile of discharge point if available. If a waterbody is unnamed, identify it as unnamed.

Complete the discharge route and receiving stream information for all the outfalls at your facility. If all the outfalls discharge by the same route (i.e., open ditch) and into the same receiving stream, then you need only complete the first **Outfall Number(s)** section, however, you should list all the outfall numbers that you identified on pages 4-6 of this form. If different outfalls discharge by different routes or into different receiving streams then complete as many of the **Outfall Number(s)** sections as necessary to properly characterized all outfalls. If you need additional space, please attach a separate sheet using the same format to supply the additional discharge route and receiving stream information for other outfalls.

Outfall Number(s) Applicable: _____

By _____ (effluent pipe, ditch, etc.);
thence into _____ (Parish drainage ditch, canal, etc.);
thence into _____ (named bayou, creek, stream, etc.);
thence into _____ (river, lake, etc.).

Outfall Number(s) Applicable: _____

By _____ (effluent pipe, ditch, etc.);
thence into _____ (Parish drainage ditch, canal, etc.);
thence into _____ (named bayou, creek, stream, etc.);
thence into _____ (river, lake, etc.).

Outfall Number(s) Applicable: _____

By _____ (effluent pipe, ditch, etc.);
thence into _____ (Parish drainage ditch, canal, etc.);
thence into _____ (named bayou, creek, stream, etc.);
thence into _____ (river, lake, etc.).

SECTION III – MAPS/DIAGRAMS

- A. Site Diagram.** Attach to this NOI a complete site diagram of your facility demonstrating how the wastewater flows through your facility into each clearly labeled discharge point (including all treatment points). Indicate stormwater flow pattern on this diagram or provide additional diagrams if needed. Please indicate the location of the facility and the front gate or entrance to the facility on the site diagram.
- B. Topographic Map.** A topographic (topo) **MUST** be provided with all NOIs for a site-specific location. **Applicants for portable pressure washing operations are not required to provide a topo map with their NOIs.** Attach to this NOI a map or a copy of a section of the map which has been highlighted to show the path of your wastewater from your facility to the first named water body. Include on the map the area extending at least one mile beyond your property boundaries. Indicate the outline of the facility, the location of each of its existing and proposed discharge structures, and any existing hazardous waste treatment storage or disposal facilities.

A U.S.G.S. 1:24,000 scale map (7.5' Quadrangle) would be appropriate for this item. Appropriate maps can be obtained from local government agencies such as DOTD or the Office of Public Works. Maps can also be obtained online at www.map.ldeq.org or www.topozone.com. Private map companies can also supply you with these maps. If you cannot locate a map through these sources you can contact the Louisiana Department of Transportation and Development at:

1201 Capitol Access Road
Baton Rouge, LA 70802
(225) 379-1107
maps@dotd.louisiana.gov

- C. Flow Diagram.** Attach a line drawing of the water flow through the facility with a water balance showing operations contributing wastewater to the effluent and treatment units. The water balance must show average and maximum flows at intake and discharge points and between units, including treatment units. If a water balance cannot be determined, the applicant may provide instead a pictorial description of the nature and amount of any sources of water and any collection and treatment measures. Hand drawn maps are acceptable.

SECTION IV – COMPLIANCE HISTORY

Report the history of all violations and enforcement actions for the facility, a summary of all permit excursions including effluent violations reported on the facility's Discharge Monitoring Reports (DMRs) and bypasses for the last three years. Using a brief summary, report on the current status of all administrative orders, compliance orders, notices of violation, cease and desist orders, and any other enforcement actions either already resolved within the past 3 years or currently pending. The state administrative authority may choose, at its discretion, to require a more in-depth report of violations and compliance actions for the applicant covering any law, permit, or order concerning pollution at this or any other facility owned or operated by the applicant.

SECTION V – LAC 33.I.1701 REQUIREMENTS

- A. Does the company or owner have federal or state environmental permits identical to, or of a similar nature to, the permit for which you are applying in other states? (This requirement applies to all individuals, partnerships, corporations, or other entities who own a controlling interest of 50% or more in your company, or who participate in the environmental management of the facility for an entity applying for the permit or an ownership interest in the permit.)

- ☐ Permits in Louisiana. List Permit Numbers: _____
- ☐ Permits in other states (list states): _____
- ☐ No other environmental permits.

- B. Do you owe any outstanding fees or final penalties to the Department? ☐ Yes ☐ No

If yes, please explain. _____

- C. Is your company a corporation or limited liability company? ☐ Yes ☐ No

If yes, attach a copy of your company's Certificate of Registration and/or Certificate of Good Standing from the Secretary of State.

SECTION VI – SITE HISTORY

- A. Date operations began at this site: _____

- B. Is the current operator the original operator? ☐ Yes ☐ No

If **no**, give a reverse chronological list of previous operators. Include the company name and telephone number (if available), and the dates through which the company operated this facility.

Company	Dates of Operation		Telephone Number
	From	To	

According to the Louisiana Water Quality Regulations, LAC 33:IX.2503.B, the following requirements shall apply to the signatory page in this application:

Chapter 25. Permit Application and Special LPDES Program Requirements

2503. Signatories to permit applications and reports

- A. All permit applications shall be signed as follows:
 - 1. For a corporation - by a responsible corporate officer. For the purpose of this Section responsible corporate officer means:
 - (a) A president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation, or
 - (b) The manager of one or more manufacturing, production, or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million (in second-quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
 - 2. For a partnership or sole proprietorship - by a general partner or the proprietor, respectively; or
 - 3. For a municipality, parish, State, Federal or other public agency - either a principal executive officer or ranking elected official. For the purposes of this Section a principal executive officer of a Federal agency includes:
 - (a) The chief executive officer of the agency, or
 - (b) A senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrator of EPA).
- B. All reports required by permits, and other information requested by the state administrative authority shall be signed by a person described in LAC 33:IX.2503.A, or by a duly authorized representative of that person. A person is a duly authorized representative only if:
 - 1. The authorization is made in writing by a person described in LAC 33:IX.2503.A.
 - 2. The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity, such as a position of plant manager, operator of a well or well field, superintendent, position of equivalent responsibility, or an individual or position having overall responsibility for environmental matters for the company. (A duly authorized representative may thus be either a named individual or any individual occupying a named position); and
 - 3. The written authorization is submitted to the state administrative authority.
- C. Changes to authorization. If an authorization under LAC 33:IX.2503.B is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, a new authorization satisfying the requirements of LAC 33:IX.2503.B must be submitted to the state administrative authority prior to or together with any reports, information, or applications to be signed by an authorized representative.
- D. Any person signing any document under LAC 33:IX.2503.A or B shall make the following certification:

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations."

SIGNATORY AND AUTHORIZATION

Pursuant to the Water Quality Regulations (specifically LAC 33:IX.2503.A and B), which became effective October 20, 1995, the state NOI must be signed by a responsible individual as described in LAC 33:IX.2503.A and B and that person shall make the following certification:

“I certify under penalty of law that I have read and understand the Part I.A applicability/eligibility requirements for coverage under the general permit for automotive dealerships, paint and body shops, automotive repair facilities, motorcycle dealerships, and recreational vehicle dealerships. To the best of my knowledge, my facility is eligible for coverage under this general permit and its operation will not result in a discharge of pollutants from sources not covered by the general permit, or otherwise authorized by another individual or general permit.”

“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations.”

Signature _____

Printed Name _____

Title _____

Date _____

Telephone _____

CHECKLIST

To prevent any unnecessary delay in the processing of your notice of intent to be covered under the general permit, please take a moment and check to be certain that the following items have been addressed and enclosed:

1. ALL questions and requested information have been answered (N/A if the question or information was not applicable).
2. ALL required maps, drawings, and other reports are enclosed.
3. The appropriate person has signed the signatory page.
4. Please forward the original and two copies of this NOI.